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THE FULCRUM AS AN AID TO MANIPULATION IN THE REDUCTION OF DISLOCATIONS OF THE HIP JOINT.

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Of Aurora, Indiana.

On the 13th of March, 1868, I was called to attend a boy, eight years of age, who had received a severe injury in one of our extensive cooper shops, in the city of Aurora, Ind. An examination revealed dislocation of the right hip joint. He had all the usual symptoms of dislocation of the femur upon the dorsum of the ilium. I at once attempted to reduce it by manipulation, but found a difficulty in raising the head of the bone over the rim of the acetabulum; the bone repeatedly glided away, preventing me from effecting reduction. I sent for chloroform, thinking it probable that I should have to resort to extension and counter-extension. Before its arrival, however, it occurred to me that I might overcome the difficulty I had met with, elevate the head of the bone, and have more control over its movements, by placing some firm substance in the groin, which would act as a fulcrum while I moved the leg over it as a lever. A piece of old cloth was procured, which was rolled up firmly and tied, making a roll between nine and ten inches long and about four inches in thickness. This support was firmly held in the groin while I flexed the leg over it upon the abdomen; the knee was then moved outward, which guided the head of the bone inward and over the acetabulum, a slight movement upward of the knee, and the bone glided into its place with the usual sound heard in the reduction of dislocation of the femur.

The dislocation was reduced by the aid of the fulcrum in less time than I could describe the manner in which it was done. The ease with which I manipulated the reduction of this dislocation by the aid of the fulcrum, without the assistance of chloroform, appeared to me to show clearly that the fulcrum must be a valuable aid to manipulation in reducing dislocation of the hip joint. I published the case in the *Western Journal of Medicine*. It may be found in the September number for 1868. Since that time I have given this subject much thought, and have become now fully convinced that this aid to manipulation in reducing dislocation of the hip joint has not received from the profession the attention which it deserves. Few physicians in private practice have opportunities of seeing dislocations of the femur so frequently that they can, in a few years, present a long array of cases to show either their success or failures in attempting to reduce them. But I have recently had another opportunity of reducing a dislocation of the hip joint, which, from the difficulty encountered by two practicing physicians, one of them a gentleman of age and experience, in attempting its reduction first by manipulation and next by extension and counter-extension, makes it one of peculiar interest, in showing how easily a bad dislocation of the femur may sometimes be reduced by manipulating the limb over a fulcrum.

On the 21st of September, 1874, about half-past ten, A. M., the street commissioner of the

city of Aurora, Indiana, age 65 years, while giving directions, and at the same time working at an embankment in a stooping position, was suddenly forced to the ground by a large mass of earth falling upon his back and hips. When he was lifted up it was found that he was badly injured and unable to walk. A physician, who was standing near the place at the time, gave him a dose of morphia, and assisted in conveying him home, a distance of about three hundred yards. His family physician, Dr. A. B. Haines, was immediately sent for. These gentlemen soon detected dislocation of the femur, backward and upward upon the dorsum of the ilium. They administered chloroform and proceeded at once to reduce it by manipulation, but not succeeding after repeated and continued efforts they concluded to try extension and counter-extension. Jarvis' adjuster, an instrument which Dr. Haines is the owner of, was sent for; with it they applied all the force they thought prudent, without effecting reduction, and after resorting to every means which their ingenuity could devise, both by manipulation and traction, Dr. Haines requested the friends to send for me; this was at 2 P. M., three hours and a half after the accident. I immediately visited the patient, accompanied by Dr. W. E. Sutton. We found him lying upon his back, still partly under the influence of chloroform. The two physicians were present, Jarvis' adjuster lying upon the floor, and a number of citizens were standing by the bed ready to render again any assistance necessary. The case was a clear one of dislocation of the left femur backward and upward upon the dorsum of the ilium. Dr. Haines informed me what they had done; that in their efforts to reduce the dislocation by manipulation they had several times succeeded in bringing the head of the bone to the rim of the acetabulum, but it would glide away again, and at one time it passed into and lodged in the ischiatic notch. The Doctor succeeded, however, in removing it from that position back again to the dorsum of the ilium. With Jarvis' adjuster, he informed me that they had no better success, although they had applied great force, a force sufficient to break the straps belonging to the instrument. The case was regarded as a difficult one, as it had resisted all the usual means recommended in our surgical works to reduce dislocation of the femur. As this was another opportunity of trying the fulcrum as an aid to manipulation in reducing dislocation of the femur, and this, too, after other means had failed, I procured a piece of muslin, rolled it up firmly and had it tied, making a roll about ten inches long and about four inches in thickness. The patient was again brought fully under the influence of chloroform; this was effected in a few minutes, as he was at the time partly under its influence. The roll of muslin, which was firm and dense, I placed in the groin, and one of the physicians retained it in its proper place. I then, standing on the right side of the bed, flexed the thigh upon the abdomen over this support, for the purpose of raising the head of the femur; next moved the knee outward to produce inward motion of the head of the bone toward the acetabulum; then, with my left hand guiding the knee and my right hand holding the foot, as the leg was kept at right angles to the thigh, I slightly elevated the knee, at the same time gently rotated the foot and leg from side to side, and the bone glided into its place with a sound heard by all in the room, and an exclamation was made, "all right now."

The reduction of this dislocation, after I took hold of the limb, probably did not occupy but a few seconds, and was accomplished, I think, within ten minutes from the time I entered the room. The slight movement of the foot and leg from side to side was intended to enable the head of the bone to pass by any obstructions, but no serious resistance was presented by either the capsular ligament or muscles. The movements of the head of the femur appeared to be perfectly under my control. The bone was guided or rather glided to the socket along the line of least resistance, scarcely requiring any force, and was elevated over the rim of the acetabulum with the greatest ease. The force by which the bone was thrown out of place must have produced severe injury to the capsular ligament, the muscles and nerves, from the soreness which continued around the joint for several weeks, and also from the severe neuralgic pains along the leg that followed. The patient, however, recovered in about eight weeks, and is now again attending to business.

Was the ease and facility in reducing these two dislocations by manipulating the femur over a fulcrum merely accidental? or are we to regard the fulcrum as a valuable aid in reducing dislocation of the hip joint? Two cases, we know, will be considered of but little importance in deciding this question. Still these two

cases are facts which, when accompanied with proper reasons for their success, most clearly show that the fulcrum is an aid to manipulation in reducing dislocation of the hip joint, well worthy the attention of the surgeon, and that it is a power that may be used successfully in the reduction of dislocations when other means fail.

Whether we regard the obstruction as arising from the resistance of the muscles, or from the ilio-femoral ligament, or from the peculiar "button hole" rent in the capsular ligament through which the head of the bone is forced, we believe that this aid to manipulation will be found to be an effective means of overcoming either one of these difficulties, by giving us a directive power and more perfect control over the movements of the head of the bone. The want of this control has been the great difficulty in reducing dislocations by manipulation; the bone is liable to be turned aside by the least obstruction, and thrown into different positions, passing into the ischiatic notch, as in the case reported, or into the foramen ovale, or from one of these positions to the other, and we know that the want of this directive power is sometimes the cause of extensive contusions and lacerations, by the head of the bone rolling around the cotyloid cavity in our efforts at reduction; but the principal difficulty which the fulcrum overcomes is in raising the head of the bone over the rim of the acetabulum; this it easily does, at the same time gives us control over its movements as certainly as the movements of one end of a lever are guided by those at the other. We can apply a force sufficient to break up extensive adhesions in old dislocations, and also a force so gentle as to enable the bone to return along the course which it followed when forced from the cotyloid cavity, and if resistance is presented, we can change the direction of motion, either by a slight movement of the knee or foot. I think that it will be found that in nearly every case, if we place the head of the bone directly over the cotyloid cavity, the action of the surrounding muscles will reduce the dislocation, even to drawing the bone back through a "button hole" rent in the capsular ligament; but if obstructions prevent, by simply raising or lowering the knee, we move the head of the bone backward or forward; by moving the foot from side to side (as we keep the leg at right angles to the thigh), we give the head of the bone a lateral motion. This double lever power, by directing these movements, must assist in disengaging the head of the bone from obstructions and enable the internal and external rotators and surrounding muscles to draw it back to its proper place. We know that at the moment of reduction, in the language of Wathman, "a self-twisting of the thigh occurs, which cannot be prevented by fast holding."

By the usual method of manipulation, a very large number of cases of dislocation of the hip joint may be reduced with but little trouble; but cases occur under the management of the best surgeons where this plan fails, not only from the difficulty in raising the head of the femur over the rim of the acetabulum, but also from slight obstructions turning aside the head of the bone from its proper course. It is in such cases that the fulcrum becomes a valuable aid by enabling us to raise the head of the bone to the desired height, at the same time guide and control its movements, presenting a means which no other can accomplish so well in guiding and controlling the head of the bone, varying from the gentlest pressure to all the force required, giving perfection, we think, or at least more certainty to manipulation.

The fulcrum, to be effective, must be of the right size, neither too large nor too small, too hard nor too soft. It must be of sufficient firmness to give the proper support. It must be firmly retained in its proper place. We must clearly understand the direction the head of the bone should be moved to effect reduction; then we think the fulcrum will be found the best means known to enable us to give direction to the lever power of the limb, and gently guide, not roll, the head of the bone to its proper place. A little reflection will show that it may be equally applicable as an aid to manipulation in reducing the different forms of dislocation of the hip joint.

The following summary presents in a few words the matured plan for reducing the different forms of dislocation of the hip joint by manipulating the femur over a fulcrum, and shows also how we prevent the irregular and uncertain motions produced by the usual modes of manipulation; how we raise the head of the bone over the rim of the acetabulum; free it from obstructions or a rent in the capsular ligament, and direct it to its proper place.

1. Let the femur be flexed over the fulcrum of a proper size, which must be firmly held in the proper place. Keep the leg at right angles to the thigh, with the right hand on the bottom of the foot and the left at the knee, then—

2. For reduction of a dislocation backward and upward on the dorsum of the ilium, let the femur be flexed over the fulcrum; this raises the head of the bone so as to enable it to pass over the rim of the cotyloid cavity; then move the knee outward to direct the head of the bone inward over the acetabulum.

3. For dislocation into the ischiatic notch flex the femur over the fulcrum as before, which will lift the head of the bone out of the ischiatic notch, at the same time raise it high enough to pass the rim of the acetabulum, then move the knee outward to place the head of the bone over the cotyloid cavity.

4. For dislocation into the foramen ovale repeat the same flexion over the fulcrum and move the knee inward; this motion raises the head of the bone out of the foramen ovale, at the same time moves it over the acetabulum.

5. For dislocation on to the pubis repeat the same motion as that for dislocation into the foramen ovale.

If the bone is entangled in muscular fibres, or does not pass through a rent in the capsular ligament (button hole rent), move the knee upward and downward, the femur being over the fulcrum, which will give a vertical motion to the head of the bone. If this motion, by the aid of the surrounding muscles, does not release it from the capsular ligament, move the foot from side to side, the leg being kept at right angles to the femur, which gives a lateral motion to the head of the bone.

The fulcrum, aided by the double lever power of the limb, enables the surgeon to produce all the movements necessary to effect reduction of the different forms of dislocation of the hip joint.

It appears to me something remarkable that an aid to manipulation in the reduction of dislocation of the femur so simple, and yet so effective, so obviously increasing our power in guiding the head of the bone to its desired position, and raising it over the rim of the acetabulum, one that completes the mechanical power in giving certainty to the movements of the head of the bone while using the leg as a lever, should have received from the profession so little attention. Its efficacy seems to have either been overlooked or not regarded as worthy of consideration.

The plan proposed by Sir Astley Cooper for the reduction of that form of dislocation of the femur into the foramen ovale, by the band and pullies, and using the leg as a lever, and also that of Dr. Brainard, of Chicago, for the reduction of the same form of dislocation, will be seen at once to be entirely different from the one which I present. Dr. Brainard placed a piece of wood, wrapped with several layers of wadded quilt, between the thighs, while the legs were pressed together, keeping the knees at the same time straight. This plan, as well as that of Sir Astley Cooper, is using the fulcrum as a means of replacing the bone by force, as we use the fulcrum in the reduction of the elbow and shoulder joints. We wish to direct attention to the fulcrum, not as an aid in reducing dislocations by force, but as an aid in guiding the bone back, by gentle means, to its proper place. Its efficacy appears to me so clear that I think it will be shown in the future that in the reduction of *all forms of dislocations, whether* of the femur or humerus, where manipulation is applicable, the fulcrum, in giving direction power, will prove to be an invaluable aid.

If luxations of the femur were of daily occurrence in my practice I would not think of bringing this mode of reducing them before the profession until its efficacy had been thoroughly tested by trial in a large number of cases, but years might pass away before opportunities present to prove their value, and as the subject is an important one, and occasionally dislocations of the femur occur, the reduction of which is found extremely difficult even by our most skillful surgeons, I direct attention at once to this subject, and respectfully ask that in those cases of luxation of the femur which resist the usual modes of reduction by manipulation, the surgeon, before resorting to violent extension, and counter-extension will make a careful trial of the fulcrum as an aid to manipulate the bone back to its proper place.

MATERIA MEDICA AND THERAPEUTICS ONE HUNDRED AND FIFTY YEARS AGO.

BY F. A. HASSLER, M. D.,

Of Philadelphia.

The learned Mon. Tournefort published his work on Materia Medica about the beginning of the Eighteenth century.

He divided medicines into those that evacuate, and those that alter without an evacuation. Evacuating medicines are such as manifestly

expel the humors out of the body; and altering medicines are such as "change the qualities of the humors, and reduce them to their natural state." Mon. Tournefort tells us that "it is very probable that all sorts of mixed bodies, whether animal, vegetable or mineral, are compounded, and actually consist of four more simple bodies, which we call principles, viz., water, earth, sulphur and salt." Water and earth were known to every one, and needed no description, but salt was said to be of several kinds, viz., urinous, acid, alkaline, and artificial. Sulphur was described as "being a body, or substance, inflammable, fat, or clammy; such as is conspicuous in bitumen, or Jewish pitch, petroleum, or oil of rock, turpentine, common pitch, and oils drawn by expression from the seeds of plants, and others of that nature."

Purging medicines were divided into four classes, each of which acted upon its own humor. These predominant humors were the cholerick, a cholagog discharging this from the body; the phlegmatic, which was attended to by a phlegmagog; melancholic humors by a melangog; and the superfluous serosities of the blood being discharged by hydragogs. The author whom we have mentioned thought that it was a "great deal more probable that all the offending humors, whether they abound with too much sulphur or salt, or any forcing parts, are indifferently, by virtue of all sorts of purging medicines, rarified, attenuated, and converted into a copious thin serum, and so forced and expelled out of the body." The theory of the action of cathartics was thus given: "so soon as cathartics have arrived at the stomach and intestines, their saline sulphurous particles do instantly commence a fermentation with the arterial blood and spirits, wherewith the fibres of those parts are plentifully stored or furnished, whereupon they are stirred up to undergo greater than ordinary commotions, by which means they do variously compress the several glands that are scattered in the intestines. * * * * * * While these things are thus acting in the glands of the ventricle and intestines, the thinner part of the cathartic tincture makes its way through the chyliferous ducts, and so passing into the blood it raises a new fermentation, by which means the foreign and extraneous parts of the blood (not much unlike the scum or froth of boiling liquors) are by degrees separated from the rest, and are discharged through the passage of the intestinal glands."

The principle of osmosis, and many other now well-known facts in regard to anatomy, physiology, and the real nature of the medicines themselves, were hidden from our ancestors of one hundred and fifty years ago.

The manner in which diuretics were supposed to act was so peculiar and so strange, that I have made the following long extract from a learned work published in 1720. "To make this intricate matter appear more clear and intelligible, let us consider, 1. That the air is a principal actor in all the natural secretions or separations performed in the body. 2. That the passages and pores of the glands being like so many small sinuous or winding pipes, are furnished with a natural or inbred serum, of the same nature of that which ought to be separated; wherefore the *air insinuating itself transversely* into the mouths or orifices of these passages, presently acquires such a disposition or *confused motion*, whereby it is turned and whirled several ways, much after the same manner as the extremities of small water-pipes are observed to make the water contained in them spurt or spin out impetuously in various confused streams, viz., high and low, and on all sides; wherefore, if the pores of the serum arriving at the mouths or orifices of the glandular passages, should answer to the pores of their inbred serum, they will be easily transmitted by the air so disposed, so that the particles of the transmitted serum will be received within the pores or passages of the gland; but the other particles of the blood approaching to the same orifices, will be violently expelled and forced back again to some distance by the air striking upon their solid parts, much after the same manner as cherry stones are violently darted from the fingers' ends. While matters are thus acting, it is easy to imagine that the reins at the same time are besprinkled with urine, the liver with cholor, the glands of the skin, palate, and other parts with sweat, spittle, and other analogous liquors, according to the various disposition and fitness of the glandular pores to receive the diffuse analogous serum, much after the same manner as two funnels or filters made of spongy cap-paper, whereof one has been employed in filtering or straining oil and the other water; now if you should pour a mixture, made of equal parts of oil and water into the oily filter, nothing will pass through it besides the oily part of the mixture, the watery part remaining behind, but the same

mixture being poured into the watery filter, nothing but the watery part will pass through, the oily part staying behind."

The theory of the elective action of the different glands, is given quite lucidly in the latter part of this quotation, but the separating and secreting action of the air, with its "confused motion," is, as a Scotchman would say, "all in a muddle."

Having thus given the ideas of some of the great masters of Medical Science in regard to the action of certain classes of medicines, I will now take some special medicines.

Gold was recommended for those who had taken too much mercury, and the reason given was that "gold and mercury amalgamate well." Fulminating gold was given to "drive out ill humors," because it volatilized by the heat of the body, and they escaped with it. Dr. Lemery said, in 1720, "that we need not fear lest aurum fulminans taken inwardly and heated in the stomach should cause such a detonation there as it does when set over a fire in a spoon, *for so much the more moisture as comes to it so much the less noise does it make.*"

Crystallized nitrate of silver was called "Vitriol of the Moon," and was given as a purgative. A liquid preparation of silver was called "Tincture of the Moon," and was said to be a "dissolution of some of the more rarefied parts of silver made in spirit of wine whetted by alkali salts." This article was given for diseases of the head.

A noted medicine was known as the "Antihectic of Poterius, or Jupiter Diaphoretic," and was a mixture of salts of tin, antimony, iron, and potassium. The directions for use were thus given by one of these semi-ancient authors:—"They use this for diseases of the liver, and of the matrix, for malignant fevers, for the small-pox, and upon other occasions, where it is necessary to remove the humors by transpiration. They give it also for stopping gonorrhœa, fluxes of the belly and hemorrhages."

Acetate of lead, known by the name of "Salt of Saturn," was very highly esteemed, and was much used as an astringent, and in certain diseases of the skin. Its solution in water was called "Virgin's milk." Dr. Lemery tells us, or rather, told our great-grandfathers, that "this salt, called sugar, by reason of its sweetness, is good for many diseases that are caused by acid or sharp humors, because it assuages them and mitigates their keenness. This is particularly observed in Quinsies, whose cause doth ordinarily proceed from a saline or acid serosity, which, falling too abundantly on the muscles of the larynx, raises a fermentation that dilates their fibres and causes the inflammation we see. Thus, whatsoever is able to dull the edge of acids is good for the cure of this disease. Menstrual purgation, hemorrhoids and dysenteries are usually caused by sharp corrosive salts which fall into the vessels, wherefore the *salt of Saturn* (as all other matters that absorb acids) does serve to cure these distempers; for, take away the cause of a disease and the effect will soon cease. The sweetness of *salt of Saturn* cannot be better explicated than by the sulphurous or softish substance of the particles of lead, which, being actuated by the salt of vinegar, do so delightfully tickle the nerves of the tongue when it is tasted."

Copper was called Venus, and the "Spirit of Venus" was a liquid preparation made by distillation of the acetate. This remedy was used in *diseases of the head.*

"Opening Saffron of Mars" was rust of iron, but this rust must be made by exposing plates of iron to the dew.

Dew itself was recommended in the dose of from one to four ounces, as an aperative.

Mercury (which was said to be a half metal) cured the venereal disease in the following manner; we quote from Dr. Lemery: "The acid salts of the venereal poison fixing in the pores of the mercury (which is, as I have said, a volatile alkali), do sublime together, being driven by the heat of the body up to the head, which is the top of the vessel, and the coolest place, and so most proper to condense them. At the same time it is that the head swells and the inside of the mouth is full of chancres, which cause a pain much like unto that a man would receive if sublimate corrosive were applied sometime upon an excoriated part. Moreover, the salivating vessels being pricked, and corroded with this sharp humor, do open, and let fall abundance of phlegm, and this causes the involuntary salivation that uses to accompany these chancres, and remain sometimes a longer, and sometimes a less time, according as the chancres are more or less acrimonious; for the phlegm trickling down continually cleanses them from their keen salts, and mitigates the pain, whence it comes to pass that they are often cured of themselves, and then, the saliva-

ting vessels closing up again, the flux doth cease."

Bricks soaked in olive oil and afterwards distilled, gave the celebrated "Oil of Bricks," or "Oil of Philosophers," which was of great service in "suffocation of the mother," in palsy, or to "dissipate flatulent humors inclosed in the ear."

Red Coral digested for eight days in hot spirits of turpentine, was said to be "proper for fortifying the stomach against the stone and gravel."

A styptic preparation, known as "Lapis Medicamentosus," was a good specimen of polypharmacy, and consisted of green and white vitriol, alum, salt of tarta , wormwood, mugwort, arse-smart, plantain, rose-vinegar, ceruse, bole armoniac, myrrh and incense; these were put together with many a manœuvre, heating, cooling, moistening, evaporating, etc.

Gunpowder was given in doses of from ten to forty grains in asthma and in colic. Medicines of a bad smell were said to allay, and those of a good smell to increase, diseases of the womb, in the following manner. A good smell caused the spirits to leave the brain and go into the vessels; this made the vessels shorter, and gave the womb a series of shocks; these shocks caused the gross blood and humors to ferment and send off vapors, which, oppressing the diaphragm, caused that which was called the "suffocation of the matrix."

Ill smells were supposed to produce quite a contrary effect, causing the spirits to retire back to their places and the matrix to resume its ordinary disposition.

An oil obtained by the distillation of paper was considered to be of service in the itch, in hysterics, and to quiet noise in the ear.

In regard to roses, we quote from one of these old authors: he says, "they are purgative, and do rarifie and purifie the blood; but they are ill for the vapors. Their scent alone sometimes rarifies the phlegm or humor which falls from the brain into the stomach, as I have seen several times."

A liquor obtained by distillation of strawberries was given to "strengthen the heart."

The famous preparation known as the "Queen of Hungary's water," was really a spirit of rosemary, and was given in palsy, apoplexy, and hysterical maladies.

Viper, "dried in the shade" and distilled, afforded a remedy which was said to be "one of the best medicines we have in Physic," and was given in "fevers, agues, the pox, apoplexy, epilepsy, palsy, hysterical maladies, and the bitings of all venomous beasts."

Urine of man was applied externally in cases of gout, or itch, and taken internally, in doses of two or three glasses, as a purgative. The urine of cows was highly recommended, but our author says, "care must be taken that at that time the bull has not meddled with her."

Hart's-horn in small pieces was used as a vermifuge, and the horns were said to be composed of a "glutinous humor of the brain thrust out by the spirits of the animal."

"The human skull, dried, rasped and powdered," was "thought to be good for the epilepsie and other distempers of the brain." "The head of a young man who died in health and strength, of a violent death," was distilled and the "spirit of the human head" was obtained. This spirit was used in epilepsy, apoplexy and many other affections, and when mixed with a tincture of opium constituted the "Anti-epileptic Elixir, or English Drops."

I have given some account of the materia medica of one hundred and fifty years ago, but it would be unfair to our forefathers in medicine not to add that they possessed and knew how to use many of the medicines prized by the physicians of the present day. Dr. Limery said of rhubarb, "*Its virtues are so many and so great that if they were sufficiently known * * * mankind would have infinitely less need than they have of the Art of Physic in most cases, and men might, perhaps, preserve themselves from most diseases without any other help.*"

Peruvian Bark (then called "quinquina, or kina kina") was well known and extensively used. Opium, also, was highly prized, but its action was so little understood that a noted author said of it, "when it is given in too great a quantity it so thickens and glues the humors in the brains, by its viscous parts, that the spirits which come forward to succor, not being able to dissolve this viscosity, are forced to stop and congeal likewise, by little and little, until at last they lose all their motion, whence it comes to pass that many do die upon the taking of opium."

Other medicines might be mentioned, but having given a glance at the medicine-chest of our fathers, I will now close it for the present.

CEREBRO-SPINAL MENINGITIS.

BY WM. READ, M.D.,
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(See MEDICAL AND SURGICAL REPORTER, Vol. xxx, Page 469, for previous cases).

September 2d, 1874. Lind, æt. twenty-nine. Patient is by occupation a teacher of gymnastics, and is usually in the enjoyment of robust health. Was perfectly well on Sunday last (three days ago), but during the night began to be sick. Had a chill. Next day (Monday) headache came on, and with it a tendency to opisthotonos. Has been growing worse all the time. Now, 10 A. M., in bed; excited; mind wandering and full of hallucinations. Pulse 72, irregular, but full. Complains of a sharp pain through the head at the temples, in front of the ears, and at the very top. Skin moist; feet and legs cold; face slightly flushed; answers questions correctly, but immediately wanders and talks at random. Spine extremely tender from the nuchæ to the middle of the dorsal region. At a point opposite spine of scapula has frequent spasms of opisthotonic distortion, during which the head is thrown very far back, and her limbs are convulsed. Is with difficulty kept on the bed, requiring two or three to hold her. Had several of these paroxysms during my visit; complains of a feeling of great prostration; bowels well; breath rather offensive.

To have a full dose of castor oil mixed with an equal amount of glycerine, at once, and then

℞. Ergotine, gr. x
Ext. belladonnæ, gr. j. M.
Ft. pil. x.
Sig. Take one every three hours.

Croton oil to be applied to the nuchæ till a copious eruption is produced.

September 3d. 10 A. M. Has slept most of the time since last record. Complains all the time of feeling "so tired." Has had no opisthotonos since yesterday morning, but starts frequently in her sleep. Rational; skin normal; action of iris undiminished; tongue well; relishes her nourishment, a gill of milk porridge and of beaf tea alternately every three hours. Position in bed natural. Pulse 52. Not irregular at all, but of marked variation in strength and fullness. Extremities warm; less headache, and the pain in her spine is less severe than it was. Is for the most part drowsy, but conscious of the slightest sudden noise. Continued treatment.

September 4th, A. M. Has been very comfortable, with no new symptoms. No true sleep till 4 A. M. to-day. Since then dozing quietly. Has had no spasms, and complains less of headache. Extremities warm; urine very scanty and high colored; tongue slightly coated; breath quite offensive; still feels "so tired;" takes her nourishment well; occasionally twitches a little when asleep; has an uncomfortable feeling in the spine, not exactly a pain, but a "creeping feeling." Has had this feeling all along, and thinks it is growing less. Hearing somewhat obscured; eyesight well; is naturally very near-sighted. Continued treatment, and have spts. ether nit. ʒj in water, p. r. n.

September 5th. Had a very comfortable day, till the evening, when some friends called, and fatigued her by talking. During the first part of the night she got some sleep, and was quiet. Towards morning patient began to have attacks of momentary spasm, or starting, whether she was asleep or awake, but has at no time lost her consciousness. About the same time with the commencement of these attacks a chill came on. Now, 10 A. M., pulse 58, of fair volume and regular; tongue quite clean; pupils perfectly mobile and unaffected by the bellad.; hearing about the same as at last record; no petechiæ; her whole body is in a state of hyperæsthesia. The slightest touch of the hand causes pain, which goes away on deeper pressure, except along the spine and just above the crest of the ilium, on either side. The spine is very tender to the touch, the whole length, from the nuchæ to the os coccygis. Says her head is better; she has less pain and uneasiness about it than two days ago, while there is more of the "creeping feeling." Continued treatment, and paint the spine with a liquid blistering preparation (acetic cantharidal vesicant).

September 6th, A. M. Slept well and quietly all night; blister did not draw fully; head much more easy and free from pain; hearing quite good; eyesight well, in the right; the left eye was somewhat inflamed, but it has disappeared. Tongue well; the starting in her sleep has nearly ceased; hyperæsthesia almost gone; has had no movement of the bowels for two days; spine feels easier; urine is still scanty in quantity, but of lighter color. Pulse 58. No petechiæ to be seen. Have a cathartic dose of ol. ric. and glycerine.

September 7th. Had four dejections from the cathartic ordered yesterday; slept well;

has none of the "creeping feeling" in her spine, and can lie on her back without suffering. Head quite free from ache; hearing improves daily; no petechiæ; there is no hyperæsthesia remaining, but on the inside of the legs and arms, along the course of the great veins, there is decided tenderness. Pulse 60, of good healthy fullness. Tongue slightly coated; eyes act freely with the light.

September 8th. Has been quite comfortable. Some headache in the P. M., but not enough to cause much discomfort. When lying still has no uncomfortable feeling at all in her spine, and only a slight uneasiness when she turns over. Sleeps a good deal; does not feel hungry, although she takes her nourishment well. Pulse 60, of normal volume. The tenderness along the inside of the thighs, from the groin as far down as the knee joint, remains the same. It has disappeared from the arms; hyperæsthesia entirely gone. Continued treatment.

September 9th. Reports herself entirely free from pain everywhere. There is still some pain along the inside of both thighs, but it is diminished. Tongue more coated than at any previous day; appetite is coming back. As patient lies in bed, says she feels as well as ever she did. Diminish the ergot and belladonna to two doses daily.

September 10th. Patient continues to improve. When perfectly quiet, feels well. The spine is a little tender over one of the dorsal vertebræ, a small space in the lumbar region and at the coccyx. In the inside of the left thigh there still remains some tenderness, but along the right thigh it has almost entirely disappeared. Tongue clean; appetite good. Continued treatment as last ordered.

September 11th. Much better. Is partially dressed and lying on the lounge. Continued treatment.

September 12th. No tenderness along the spine. No uncomfortable feeling about the head. There still remains a slight tenderness about six inches above the knee, on the inside of the left thigh, but on the right it is entirely gone. Omit medicine.

September 14th. Walked into the next room this A. M., but on returning felt quite faint, and had to lie down. Says her head ached yesterday after talking a good deal. The only remaining symptoms are two spots of tenderness on the inside of the left thigh. One mentioned in yesterday's report, and the other about three inches higher up.

September 17th. Since last record has been steadily gaining. Tenderness entirely gone from left thigh; pulse normal in frequency and character; appetite good. The only disability she suffers from is the weakness resulting from the attack. To have tr. gent. co. ℥ij twice a day as a tonic. Ceased attendance.

Editorial Department.

Periscope.

How to Make Koumis.

The *American Journal of Pharmacy* gives the following directions from an Oriental source:—

A certain proportion (one-third) of koumis is poured, together with (two-thirds of) fresh mare's milk, into a clean wooden vessel resembling an ordinary English churn, and there left for from six to eighteen hours, according to the degree of (alcoholic) strength that is required. During this period it is from time to time subjected to a churning process, with the object of keeping up and stimulating the process of fermentation. Herein consists the chief art, and whatever secret there may be in koumis-making, is to know the exact amount of churning required; for, although a certain amount is requisite, it must be suspended at the point where curds or butter would be formed. Habit and practice alone teach this to the koumis-maker. After this fermenting process, stimulated by the occasional churning, has lasted a certain time, say six hours, a portion of the contents of the churn is drawn off, and this constitutes the weakest kind of koumis, say koumis of the first degree of strength. The remainder in the churn is subjected to a further period of similar fermentation and churning, say for another six hours, and then the churn is again tapped, and koumis of the second degree of strength is the result. Then another period of say six hours of a similar process, for what still remains in the churn, and this, when drawn off, constitutes koumis of the third degree of strength. It will be observed that the difference in the degree of strength of the koumis consists in the different amount of

fermentation to which it has been subjected. The strength of the koumis ought to be graduated according to the requirements of different patients, and this is a matter of some importance in the case of invalids. As soon as the koumis is drawn off it is poured into ordinary quart bottles, made with extra strong necks, corked down and tightly strung; for, containing as it does large quantities of carbonic acid gas, it is subjected to the explosive accidents of all such liquors. Indeed, the inexperienced koumis-drinker, on opening a bottle of koumis for the first time, if he is lucky enough not to lose his eye by the explosion of the cork, will most undoubtedly be soused all over by the frothing liquid.

Mode of Action of Chloral.

The *Irish Hospital Gazette*, Oct. 15th, 1874, states that, at a recent meeting of the *Académie des Sciences*, on the 14th of September, M. Tauret submitted, with reserve, a hypothesis explanatory of the mode of action of chloral upon the economy, depending upon the ascertained development of carbonic oxide when chloral comes into contact with an alkaline fluid. According to M. Bernard, carbonic oxide would combine with the blood-globules in displacing the oxygen which was originally combined with them, so that these globules become unable to perform their functions. It is only when they have freed themselves from the carbonic oxide that they become again active. The slow decomposition of chloral by the oxidizing agent explains the continuance of its action as a hypnotic, which would not be the case if it was supposed to be converted into chloroform. And the lowering of the temperature observed by M. Claude Bernard in even slight cases of poisoning by carbonic oxide, coincides in a remarkable manner with that which follows the administration of chloral. Chloral acts, then, by a kind of intoxication; and in this way may be explained the occurrence of the accidents which have sometimes attended its use.

Dr. Brunton (Humphrey and Turner's *Journal of Anatomy*, May, and *Practitioner*, October) has also observed, in experimenting upon dogs, the diminution of temperature above referred to, before chloral sleep comes on. According to him this appears to be partly due to greater loss from the surface, caused by the vessels of the skin becoming much dilated under the influence of the drug, and allowing the blood to be cooled more readily by a low external temperature. It is partly due, also, to a diminished production of heat, which cessation of muscular action always induces. Dr. Brunton found that an animal wrapped in cotton wool may recover perfectly from a dose of chloral which is sufficient to kill it when exposed to the cooling action of the air, and that recovery from the narcotic action is much quicker when the temperature is maintained in this way, and still more rapid when the animal is placed in a warm bath, providing this is not excessive. The bearing of these experiments on the treatment of poisoning by chloral is obvious. The patient should be put to bed, and the temperature maintained by warm blankets and hot water bottles to various parts of the body, and especially to the cardiac region. Warmth over the heart is an excellent stimulant to the circulation, which, like the respiration, is enfeebled by chloral. If respiration threatens to fail, it should be maintained artificially so as to allow time for the chloral to be excreted and the normal functions to be restored.

Albuminuria with Cardiac Complications Successfully Treated.

We take the following case, *in extenso*, from the *Medical Press and Circular*, on account of the instructive nature of the treatment employed: it is reported by Dr. John W. Martin.

Wm. Dillon, age 40, car driver, subject to every variation of weather, and accustomed to drink hard, presented himself for treatment on the 7th of August, 1873. The attack had commenced five weeks before, with pain in the region of the heart, accompanied by sense of great oppression. He was unable to account for it on any special grounds, either wetting or chill. He got a cough mixture in Waterford, at an apothecary's establishment, and took some home-brewed remedies, in the shape of infusion of wormwood, but received no regular advice or treatment. A fortnight before I saw him the pain in the chest subsided, the subsidence being followed by pain in the abdomen, which in turn was replaced by ascites and œdema of the lower extremities. On the day of my seeing him he walked from the car into the dispensary with great difficulty, the abdomen was greatly distended, whilst his legs were three times the size of what they were in health. The slightest exertion gave rise to severe dyspnœa; even in repose the respiration was very short, shallow, and gasping. There was a constant tendency to syncope. The lips were blue, and the facial capillaries and cervical veins congested; the whole appearances about his face were those observable during an attack of cyanosis.

The area of cardiac dullness was greatly enlarged. Heart's rhythm irregular, sounds weak, impulse scarcely to be felt; pulse 120, weak, and thready; the tongue foul; bowels confined; appetite gone. The hepatic dullness was much enlarged, the lower edge of the liver being well below the false ribs. He did not complain of any tenderness to pressure during the examination. He complained of pain and weakness in the loins over the region of the kidneys. Passes urine freely—about a pint in the day. On examination I found it highly albuminous—two-thirds the bulk, rough measurement. The recumbent position tried him greatly, increasing the dyspnœa and rendering sleep in that position impossible.

Previous to this attack the man's history was one of sound health.

The treatment consisted of hydragogue purgatives, diuretics, and tonics, as follows:—

℞. Pulv. jalapæ co., ʒj. talis viij.
One to be taken at bedtime.

℞. Pulv. scillæ,
Pulv. digitalis, āā gr. j, in pill.
One to be taken three times a day.

℞. Potass. iodid,	ʒj.	
Ferri citratis,	ʒj.	
Sp. chloroformi,	ʒij.	
Sp. am. aromat.,	ʒij.	
Aquam ad,	ʒxij.	M.

Two tablespoonfuls to be taken three times a day.

August 12th. Increased secretion of urine, in which the albumen was diminished to one-half the bulk. Œdema of extremities and the ascites reduced. Treatment continued.

℞. Linimentum terebinthinæ, ʒvj.
To be applied over the kidneys twice or thrice daily.

Ordered a flannel binder to be worn round the loins.

August 20th. Ascites and œdema of the extremities almost gone. A further reduction in the amount of albumen observed. Can lie down in bed, and sleeps well. Appetite improved. Area of cardiac dullness diminished. Heart's action improved.

August 29th. The jalap powders not sufficiently active. Ordered two drachms to be taken instead of one drachm as before.

September 20th. Has steadily improved. In consultation with my father he recommended a change from the iodide of potash mixture to one of pernitrate of iron and nitrate of potash. Also gave him cod-liver oil. Continued the pills and powders.

October 15th. Suffered from occasional headaches. Bowels regular; appetite good; tongue clean. No swelling in either extremities or abdomen; free from dyspnœa; albumen only one-twelfth the bulk of urine examined.

October 29th. Feels strong and well, and able for his work. The albumen had increased to one-sixth the bulk, but seemed to give him no inconvenience. Pain in the back and weakness quite gone. Ordered a mixture of iodide of potash, bark, cod liver oil to be continued, attention to the bowels; and a good nourishing diet.

The patient did not again come under my care. During the past summer I have seen him plying his occupation as carman, and he looked strong and well, and stated that his health was then very good.

Treatment of Delirium Tremens.

Dr. Kitchen gives the following treatment, in the *American Journal of Insanity*:—

In the treatment of delirium tremens many points are to be taken into consideration, as the condition of the patient, the length of time the delirium has lasted, and the surroundings of the patient.

Our custom is to place this class of cases in a large room, well ventilated, with about one-thousand cubic feet of space for each patient.

Usually the patient is much fatigued on admission, and is in feeble physical health, and not infrequently there are complications, as bronchitis or pneumonia, and occasionally Bright's disease.

When no complication exists we give a tepid bath. The patient is put to bed, and usually a camisole is required to restrain him.

The usual, and perhaps better, treatment, is at once to place the patient on liberal and nutritious diet, as beef juice, cream, or essence, soups, milk, milk punch, egg-nog, etc.

If he is feeble, the reasons for giving stimulants are plain, though the delirium is caused by the same stimulant. Some recommend pure alcohol to be given instead of brandy, whisky, or even wine.

Of course, in administering stimulants to this class of patients, great and watchful care should always be exercised. The pulse is a safe guide, as stimulants should lower it and give it fullness. To quiet the tremors and restlessness, opium serves a good purpose, administered by hypodermic injection.

The treatment which in all probability is the most effective, is a generous diet, full doses of fluid extract of conium during the day, to control the muscular action, and during the evening hydrate of chloral, with tincture of hyoscyamus, the latter to be repeated until sleep is secured.

Whisky as a Local Application.

Domestic surgery is well acquainted with the value of whisky as a dressing. Dr. J. L. Suesserott, of Carlisle, Pa, testifies also to its value, in the Philadelphia *Medical Times*, September 5th, 1874. He says:—

In my opinion, the antiseptic properties of whisky are not all the virtues that it possesses. The gentle stimulation to the granulations on the one hand, and its cooling action by evaporation on the other, undoubtedly aid in a material degree in bringing about repair. It is only the first application that is objected to or is in any appreciable degree felt by the patient. If the compress or bandage is kept moist with the spirits, a very grateful feeling is produced; and in cases where even considerable laceration has occurred healing by *first intention* may be confidently expected. I could recount numerous cases that would bear me out in this assertion, but will let a few suffice.

Charles E., aged 60 years, a carpenter, about two years ago had his right fore-arm terribly lacerated by coming in contact with the revolving head of a planing machine. The integument and muscles of the back part of the fore-arm were torn in shreds; the limb was placed on a splint, the torn tissues were restored as nearly as possible to their places, kept *in situ* by isin-

glass-plaster, and supported by compresses saturated with strong whisky. In two weeks from the time of the accident, no suppuration having taken place, the splint was removed and my patient was at work. About a year after this occurrence the same patient had the back of his left hand thrown into the same machine. The result was that the articular ends of the second and third phalanges of three of his fingers were entirely knocked out, leaving the fingers hanging by the flexor tendons. Deeming it impossible to save more than a stump of the hand, I was about to remove the dangling digits, against which procedure the patient strongly protested. Sympathizing with the now twice unfortunate man, and desiring to let the realization of the full extent of his maimed condition break upon him gradually, I procured three small splints, upon which I carefully laid the, as I was fully persuaded, lifeless fingers, secured them with isinglass plaster, and placed the whole hand upon a heavy straw-board splint, with the full assurance, in my own mind, that even with the deodorizing effect of whisky, by the next day my very hopeful patient would be satisfied of the propriety of their removal. The part, or, I might more truly say, the whole hand, was kept saturated with my favorite fluid for external use, and, much to my surprise and gratification, on the following day I found the circulation re-established. The fingers were kept on small splints, to prevent too much shortening. Granulations repaired the lost soft tissues almost entirely, and, the metacarpo-phalangeal articulation not having been injured, I had the extreme pleasure, at the end of four weeks, to see my patient, who, by the way, is a man of strong nerve, hard at work, with a very useful hand.

About the time of the first accident to this patient, Charlie W., a lad of about 12 years of age, ran into a mowing machine. His left foot was cut off just at the top of his shoe, and the right one, it having been elevated in the act of running, was taken off through the tarsal bones. Assisted by Dr. E. N. Sensery, of this place, I shortened the bones of the left leg so as to procure sufficient covering, but we both concluded that by the removal of the cuboid bone of the right one we might hope to save the heel, and make the limb more useful, leaving it as in Chopart's or Syme's amputation. Even after the use of strong ligatures and contracting bands, we were not able to bring the tissues together, but were compelled to leave a surface of two and a half or three inches entirely exposed. Into this we packed patent lint, well saturated with whisky, satisfied that, with some suppuration, we might hope, for a full repair of the parts. Suffice it to say that in an incredibly short space of time the parts were healed, without any want of covering to the stumps, and with the loss of not more than *one fluid ounce of pus from both limbs.* Of this latter fact we were confident, as we did all the dressing ourselves. I could report a half-dozen cases of equally interesting character.

Intermarriage in French Canada.

Dr. Adams, surgeon in the British navy, in a book published not long since, entitled "Field and Forest Rambles," gives some facts about the French residents of New Brunswick, intended to illustrate the dangers of breeding in and in. The statement of Dr. Adams is:—

"An example of the evils of intermarriage, in combination with insanitary modes of living, is seen among the French settlers in the north-east frontier of the province. Descended from the early Norman colonists, they speak their mother tongue and maintain their old religious faith; indeed, so exclusive are they that it is rare to hear of any one marrying out of his own sect. Moreover, so closely are they bound by family ties, that in one district (Caraquette) it is a usual occurrence to give marriage dispensations. Thus hereditary diseases are common, and of all others that terrible scourge, elephantiasis, or Greek leprosy, has maintained a prominent position among the maladies of these poor creatures for many years. Indeed, so frightful have been its ravages that the Government was obliged to build a hospital in the district, for the special treatment of such cases. This very wise measure has had the good effect of isolating the disease; but sometimes the wretched victim, rather than undergo forced detention in the dismal lazaretto, betakes himself to the woods, and is there surreptitiously maintained by friends. No doubt the dietary contributes towards developing the inherent predisposition; indeed, many of the afflicted attribute their condition to feeding on salted fish for lengthened periods, and in consequence of the prevalence of the disease in families there grew a belief that it was communicable by touch. This, however, has been clearly proved not to be the case; whilst, on the other hand, the hereditary transmission is indisputable, as shown by careful observations made by Drs. Bayard and Wilson, of St. John."

The Extraction of Foreign Bodies from the Ear.

Dr. John Cleland, of Edinburgh, relates the following in a letter to the *Lancet:*—

When I was demonstrator in Glasgow, a student came to me in much alarm, with a pea in the auditory meatus, which had been flung in a class-room, and had been driven far in toward the membrana tympani by the efforts of one of his fellow-students to remove it. It fitted sufficiently accurately that there was no space for the introduction of an instrument behind it. I had no instrument beside me but a straight needle for microscopic purposes. I touched the upper margin of the pea with this, endeavoring to introduce the needle behind the pea, when the pea rolled somewhat and receded. It then occurred to me to place the point of the needle beneath the pea, and, to my great surprise, I had scarcely begun to insinuate the point of the needle when the pea flew out with great violence. Any one may repeat the experiment, as I have done, with a pea, a tube, and a

needle, and may easily arrive at the explanation of what happened in the case which I have mentioned. If the needle be placed above the pea, it presses on the uppermost part of the sphere. By a movement of combined pressure and withdrawal the pea may then be made to roll outward for a little distance; but in this movement needle and pea move together, so that the point of the needle, continuing to press on the portion originally uppermost but now rolled outward, ceases immediately to act in a purely downward direction, and jerks the pea back toward the membrana as soon as the increasing pressure inward exceeds the resistance of friction against the floor of the tube. But if the point of the needle be placed below the pea, it raises it up; and if it has been insinuated in the smallest degree beyond the lowest part of the sphere, and be on a higher level than the handle, the pea tends to roll out over it. It is not, however, essential that the point of the needle be on a higher level than the handle, provided only that the needle be properly insinuated in; for as soon as the handle is depressed so far that the point is at all inclined toward the roof of the tube, the pea is placed between two inclined planes, from between which it is expelled with force.

Insanity from Sexual Causes.

The late Dr. Skae, in an article published in the *Edinburg Medical Journal*, classified some varieties of insanity as from sexual causes.

Insanity of Pubescence, in boys, is characterized by a first stage of restlessness, excitement, braggadocio, and pugnacity, followed by one of hysterical depression, with a tendency to exaggerate every petty bodily affection into some dreadful disease. It may assume a religious or cataleptic phase, and may be complicated with or end in *Insanity of Masturbation*, of which the symptoms are much the same as those described in quack advertisements headed "nervous debility," with the addition of dislike of female society, inability to look you straight in the face, and fear of suicide. This may end in suicidal or homicidal mania, or in a form of dementia, with silly self-satisfaction and vanity.

In girls, *Hysteric Insanity* seems to be the counterpart of this *Insanity of Pubescence*. It is frequently complicated with masturbation, or arises out of it. It is characterized by great excitement, talkativeness and sleeplessness, and sometimes by fits of screaming and efforts to escape from the house. All the symptoms have an erotic tinge, the patient sometimes imagining that there is something wrong with her uterus, or that she has retention of urine; sometimes that some one is in love with her, etc. Dr. Skae quotes a very characteristic letter from a young lady in such a condition.

Satyriasis and *Nymphomania* are diseases closely connected with the above, but originate, Dr. Skae thinks, in the nervous centres, not in the generative organs.

Dr. Blandford remarks upon the close connection which exists between the various forms of sexual insanity. In the erotic temperament, pubescence leads to masturbation, that to hysteria, and hysteria to amenorrhœa. Dr. Skae gives a case of *Amenorrhœal Insanity*, in a young married woman, in which amenorrhœa was due to masturbation originating immediately after parturition. Masturbation originating in puerperal insanity is not uncommon. Insanity arising out of masturbation with amenorrhœa is frequently suicidal or homicidal.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Criminal Responsibility of Epileptics is the subject of a paper by Dr. Meredith Clymer, reprinted from the Transactions of the Medico-Legal Society of New York. He thinks no general rule can be laid down, but every case must be treated on its own merits.

——The Medico-Legal Society of New York has published the inaugural address of its President, Mr. Clark Bell. He points out the objects of such societies, and reviews the labors in its field during the past year.

BOOK NOTICES.

Report of the Medical Commission upon the Sanitary Qualities of the Sudbury, Mystic, Shawshine, and Charles River Waters. Boston, 1874. pp. 108.

The interest which this pamphlet has for the general reader is not the question which it sets out to examine, but rather, the method employed in the examination. The three gentlemen, Drs. C. W. Swan, E. S. Wood, and H. P. Bowditch, appointed to prosecute the inquiry, did their work in a model manner. Six considerations they laid down as governing such an investigation. These are, 1st, the soil in which a river rises and flows; 2d, the color, taste, and appearance of the water; 3d, the sources of pollution (vegetable substances, sewage, drainage from cemeteries, manufacturing refuse); 4th, present and probable future density of population in the drainage area; 5th, chemical constitution of the water; 6th, opportunities for storage and conveyance.

These different subjects are taken up and disposed of one by one, the results being shown clearly to the eye by diagrams. The conclusion is in favor of the Shawshine water.

MEDICAL AND SURGICAL REPORTER.

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D. G. BRINTON, M.D., Editor.

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MEDICAL MATTERS ABROAD.

The condition of medical matters abroad this winter does not appear to be all that one might wish. The disturbances at the medical schools of Paris, Vienna, and St. Petersburg have reflected discredit on the medical students in those centres, and will, undoubtedly, result in injury to those universities.

Dr. CHAUFFARD, at Paris, was unpopular because he was a monarchist and a religious man. He was actually driven from the arena at the opening of the course. The school was closed for a month, and reopened Dec. 1, to fourth-year students only. The janitors of the school had orders only to allow fourth-year students to enter the room where M. CHAUFFARD was to resume his interrupted course of lectures, and he commenced with an audience of thirty-nine. But after the lapse of a few minutes the students departed one by one, until, according to the *Progrès Médical*, M. CHAUFFARD had only three left to listen to his doubtless carefully prepared discourse.

Dr. CYON, in St. Petersburg, a very eminent physiologist, was not less unpopular, because, forsooth, he examined the students too strictly! No other reason has been given for the rowdyism which greeted his approach to the desk. As an examiner, it seems, he was too exacting, or, at least, he thought himself right in rejecting a large proportion of candidates for the diploma. Unable to get a hearing in the Academy, Professor CYON lectured in the University; but his unpopularity threatened to follow him there, and at the instance of the Professors, he was urged to desist. This he declined to do, and accordingly the counsel of the Professors was confirmed by an order from the Minister of Public Instruction. Permission has been accorded him to travel for six months, and to prosecute scientific research. Since his departure several other examiners in the various schools of St. Petersburg have incurred under-graduate odium, thus showing that Professor CYON does not enjoy a monopoly of unpopularity.

In France, partly, no doubt, to prevent such crowding of students, the National Assembly has voted the establishment of two new schools of medicine — at Bordeaux and Lyons. Lille also had almost obtained the favor of a school; but at the last moment the city of the North was rejected. The chief reasons for selecting Lyons and Bordeaux were that these cities were situated in densely populated districts, were well provided with hospitals and professors, and, last, not least, could go to all the expense of establishing and keeping up their faculties by means of municipal funds, and without any grant from the government. Besides Lille, Marseilles, Toulouse, and Nantes were amongst the candidates for new faculties of medicine, but were unsuccessful in their claims.

It is stated by French papers that there are under the Medical Faculty of Paris, this winter, 5000 students. The curriculum is generally six years, four of which are devoted to obtaining the usual promotions (*inscriptions réglementaires*). During the last two years the student undergoes his examination for the doctorate. Those who succeed in obtaining a supernumerary berth at the hospital sometimes have to work nine years before gaining that degree. The Medical Faculty this year granted about 500 diplomas. In the Pharmaceutical Faculty the curriculum is generally three years. The last return showed 700 students. The nine other Medical Faculties in France scarcely reach the figure of 3000 students—Bordeaux and Toulouse 500 to 600 each, Montpellier 200, Nancy 300, etc. Amongst the 8000 of the *étudiants* matriculated at the Paris University, about 600 are foreigners, mostly Spaniards, especially in the Medical Faculty.

Of course, with the organization of the new schools, this centralization of students will diminish. It is already doing so in Germany. The great universities of Berlin and Vienna are losing their prestige. Greifswald has done as much as Berlin (except Virchow's work) this last ten years. Erlangen stands close to it. Prague and Gratz push Vienna. In fact, the once famous school of Vienna is sinking.

Oppolzer and Skoda, that incomparable pair of clinical physicians, have not yet been replaced, and can hardly be replaced. Hyrtl, on account of his health, has exiled himself to his country house, at some little distance from Vienna, where he works in seclusion. Rokitansky, having been loaded with honor and placed on the pension list, now only retains his chair till the dispute as to who would be his most worthy successor has been settled. Both Recklinghausen and Cohnheim have refused this honor; and it seems probable that Prof. Heschl, at present in Gratz, who was formerly assistant to Rokitansky, and who has a good reputation as a teacher, will be appointed. The number of students studying medicine there is steadily decreasing, some being induced to embrace other professions, as at present holding out greater prospects of success; others are joining smaller universities, being disgusted at the present condition of affairs there, in producing which state of mind the increased expense of living has undoubtedly played an important part.

In England the pursuit of science is not muddied by an admixture of politics. Some three hundred students have registered for diplomas at the University of London this winter. Let us hope that in this country the same singleness of purpose will exist, and the dignity of scientific study will never be marred by the rowdyisms of a political caucus.

Notes and Comments.

Notes on Eucalyptus.

We are beginning to be a little tired of hearing about the Eucalyptus, but it is a duty to our readers to report progress on it, so we note as follows:—

In the *Archiv der Pharmacie*, November, 1874, Dr. I. Homeyer has an article of over twenty pages on its leaves and their ethereal oil. It is illustrated by several wood cuts, and he

concludes that the oil consists of two turpentines and of cymol.

Dr. G. Vulpius, in the same journal, attributes to this ethereal oil the beneficial effects of the eucalyptus on miasmatic localities.

Mr. J. Bosisto, President of the Pharmaceutical Society of Victoria, points out that the eucalyptus probably exerts its influence in this respect: first, physically, by powerful root-action in absorbing humidity from the earth; by its being evergreen, and in continuous action; by the abundance of its leaf surface; by its evaporation of water, oil, and acid under a perpetually genial atmosphere; and, chemically, by the power of its volatile oil and volatile acid, abundantly present in the plant and air, to produce peroxide of hydrogen.

Finally (for the present), M. Vidau, in a note presented to the *Société de Pharmacie*, relates how a Zouave attached to the officers' library at Djidjelly was cured of worms by oil of eucalyptus. Calomel, kousso, Corsican moss, pomegranate root bark, wormwood, tincture of aloes, camphor, every vermifuge in the dispensary of the military hospital, was tried without effect. Finally, an enema containing fifty to sixty drops of eucalyptus oil was administered every evening, for eight days. In less than that time the insupportable nocturnal itchings had ceased, and one or two additional doses completed the cure.

Hygienic Rules for "Nervous" People.

It is said that Americans are especially liable to nervous complaints, though it is an assertion to which we attach little weight. The hygienic rules laid down by Dr. Luther, however, in the *Medical Press and Circular*, for such complaints, may have a wide interest. They are as follows:—

Avoid work beyond your strength, or responsibilities beyond your capacity; avoid all avoidable worries, or dismiss them from consideration when fairly attended to; avoid all unwholesome excitement, or dissipation; but seek the society of healthy, kindly, sensible people. Let your occupation be healthful, useful, and fairly remunerative in every sense of the word. Eliminate waste by taking frequent Turkish baths. Take purgatives occasionally, if required. Favor oxydation by being as much in the fresh air as you can, without exhausting your strength. The Turkish bath will enable you to be much more in the fresh air than you otherwise could. Wear light clothing, to allow free access of air to the skin. This, too, the bath makes easy. Use a fair share of farinaceous and vegetable food with your diet, which taxes oxydation less than a purely animal diet; but whatever kind your food, eat it surrounded by cheerful influences, and it will agree with you; whereas both the stalled ox and the dinner of herbs will disagree if eaten in the midst of turmoil. Let those who have inherited a tendency to nervous maladies observe these rules, and they will have cause to congratulate themselves. As curative measures they will have more or less success, but are difficult, and can't be used simultaneously.

Modern Medical Treatment.

An editorial article in a British cotemporary closes with the following thoughtful words:—

Our treatment has assumed a character too decidedly stimulant, and not quite sufficiently nutritive. Stimulants ought to be regarded as auxiliaries to nutrition more than they are at present. Nutritive material, as milk, meat-juice, eggs, and various forms of starch, ought to form a greater matter in the dietary of the sick than stimulants, whether nitrogenized or alcoholic; such materials, when assimilated, give supplies of force. Stimulants may assist in their assimilation, and do so; but, in themselves, stimulants only furnish limited supplies of force-bearing material. They are, however, a means by which the system may reach some of its physiological reserve fund. Such use may be advantageous or pernicious, according to circumstances; and an ill-regulated or excessive process of stimulation may give results as disastrous, as a wise and intelligent resort to stimulants may be beneficial and preservative in its consequences.

Science under Difficulties.

The French physiologist, M. Ernest Magnan, must be confirmed in his opinion of "perfidious Albion." Invited to the British Association at Norwich, to exhibit the epileptiform seizures resulting from absinthe, he was busy injecting some into the crural veins of a dog, when he and his assistants were suddenly arrested by an officer, sent by the Society for the Prevention of Cruelty to Animals. The trial took place in Norwich last month. The foreign savant did not put in his appearance, and his assistants were charged costs but not convicted.

Such an arrest and trial was a discreditable parody of justice, and it is astonishing that medical men were found sufficiently paltry to support it.

Harlem Oil in Calculus.

There is an interesting discussion of "Harlem Oil" in the *Reportoire de Pharmacie.* A century or two ago not a country in the world suffered so much from stone as Holland. The surgeon Raw cut more than 1500 patients in lithotomy. Now the disease is rare. This is largely attributed to the general use of Harlem oil, a secret remedy. An analysis of a specimen bought in Harlem gave the following result:—

Oil of turpentine,	4 parts;
Sulphur,	1 part;
Oil of juniper wood,	3 parts.

Another specimen showed equal parts of the oil of juniper wood (oil of cade) and the oil of juniper berries. The dose is 12 to 15 grains a day, in capsules.

Holland gin owes its remedial effects to the same principle. It is, or ought to be, of proof spirits, flavored with turpentine and juniper berries. Rye is ground to a coarse meal; it is then mixed with some malt and put into a fermenting tun, where it is allowed to ferment. After the fermentation has proceeded far enough the mash is put into a still and treated until all the alcohol has passed over. The distillate is then mixed with juniper berries and some salt. It is then again distilled; the product is now fine Hollands or gin. This is, however, largely imitated.

Homœopathists at the Almshouse.

In this city some feeling has been excited by the exclusion of homœopathic students from the clinics at the Almshouse. The action thus taken seems to us short-sighted, and to savor of narrow-mindedness. The benefits of such lectures should be open for all students of medical colleges chartered by the Legislature. Color, sex, or special dogma should not be considered. Science, true science, properly taught, cannot but be of advantage to all its hearers.

There is, too, an appearance of persecution in this which we dislike. Capital will be made of it in favor of any sect discriminated against.

We even agree with the *Missouri Clinical Record*, that no harm (*except to the patients*) would come from allowing homœopathic wards in our hospitals, but obliging all the physicians to state prominently on the bed-cards the full diagnosis, treatment and remedies; and give each side a chance to test the accuracy of all such statements.

Chronic Diarrhœa.

"Massive" doses of subnitrate of bismuth have been recommended in chronic diarrhœa. Dr. Puygauthier, of Paris, urges similar doses of oxyd of zinc, as high as sixty to seventy grains a day. To prevent the formation of salts of zinc, and the nausea and vomiting which would ensue, he mixes four and a half grammes with fifty centigrammes of bicarbonate of soda, and has obtained with this mixture the best results. Administered in this way, the oxyd of zinc loses its nauseating and emetic properties, whilst it retains all its power as an anti-diarrhœic.

On Circumcision.

The views of Dr. Levit, of Vienna, against the operation of circumcision as a rite, have been strenuously opposed. Certainly as a remedial measure it is of great value. In a recent discussion in the *British Medical Journal* it is acknowledged to be the *only* remedy in certain cases of self-abuse in children. One writer say: "In a large Jewish Institution with which I am connected, masturbation is unknown."

Tolerance of Bee Stings.

It is stated by an English journal devoted to apiculture that after one has received about twenty stings, from bees, within about a month, a tolerance is established to such a degree, that no subsequent swelling and hardly any pain is caused by the sting. A similar inoculation unquestionably follows mosquito bites.

Local Use of Hydrate of Chloral

Dr. Heron Watson has been lately making extensive trial, in his wards in the Royal Infirmary, Edinburgh, of hydrate of chloral as an antiseptic and disinfectant. It is used in the form of an aqueous solution of about five grains to the ounce, and also as an ointment combined with paraffin, white wax, and almond oil. It answers the purpose admirably, and is found to be a non-irritating application, while at the same time it cleans and heals sores, and keeps down the bad smell. It is also being tried as a

preservative solution for pathological specimens, and appears likely to be very useful for that purpose; but there has not yet been sufficient time to test it thoroughly.

Poisonous Anilin Dyes.

The *Journal of Applied Chemistry* remarks:—

Unfortunately we still hear of frequent cases of poisoning by the use of anilin dyes, especially arsenious fuchsin. The excess of arsenic acid can be removed, and manufacturers ought to be compelled to do so, for the bright colors are most frequently worn by children, whose tender skin readily absorbs the poison.

Correspondence.

Acute Gastritis in Remittent Fever.

Ed. Med. and Surg. Reporter:—

An interesting case of remittent fever has recently come under my observation, and after making a thorough perusal of a number of authors treating upon this common malady, I have not succeeded in finding one that speaks of the development of "acute gastritis in remittent fever." It seems as though the condition of the stomach has been ascertained with a sufficient degree of accuracy, and in a sufficiently large number of instances, to settle definitely the part which its lesions play in the pathology of remittent fever.

In Flint's *Practice of Medicine* (fourth edition, page 935), he says the appearance of the mucous membrane of the stomach in some cases denotes subacute inflammation. We find in Dr. Da Costa's *Medical Diagnosis* (third edition, page 444), where he is speaking of the variety of causes of acute gastritis, that there is a secondary acute inflammation of the mucous membrane of the stomach often met with in remittent fever. There are reported nine cases in the *American Journal of Medical Science*, January, 1845, by Anderson and Fisk. In five cases it was softened near the cardiac extremity, and in four near the pylorus, where also it was for the most part grayish, thickened and mamellonated. In five cases reported by Dr. Stewardson marks of inflammation were present.

Case.—On Dec. 5th I was sent for to see Miss Maggie G., age seventeen. On my arrival at her mother's residence, I found her in bed, not suffering very much. She said *she was not sick*, and that it was her mother who had called me. I proceeded without delay to make a thorough examination. I found that she had had a chill on the previous evening, and a violent fever subsequent; at times she was very restless, complained of a fullness in the head; tongue thickly covered with a yellowish or dirty white fur; bowels constipated; no action for three days; urine high colored; complained of some pain in the right hypochondriac and epigastric region; temperature 100°; pulse 105, full and hard. I ordered the following cathartic:—

℞ Ex. colocynth, grs. iv.
Hyd. chlorid mitis, grs. iij.
Pul. rhei, grs. v.

On my arrival next day, 6 P. M., her mother met me at the door, telling me her daughter was worse, and that she wanted to chat with me a moment, confidentially. She told me her daughter had been subject to these attacks repeatedly, and ever since her change of life there was deficiency in menstruation. This gave me a better understanding of her case.

The cathartic had the effect desired; pulse pretty much the same as the day before; increased pain in the right hypochondriac region; temperature 103° in the axilla; she also complained of pain in the head, of a throbbing character, and a sense of dizziness and blindness would occasionally come up before her; nausea at the stomach, very great at times; tenderness of the epigastrium. Ordered mustard poultice on right hypochondriac region. Sulphate quinine, eight grains, every four hours, also

℞ Spts. æth. nitros, ℥v.
Acetate potash, ℥j.
Fld. ext. buchu, ℥iij. M.

Sig. A half teaspoonful to be taken every three hours.

7th, 9 A. M. Found patient with symptoms unabated; she had rested badly through the night; a thick dirty coat covered the tongue; offensive breath; pain left the right hypochondriac and gone to the epigastrium; vomited seven or eight times through the night; the fluid ejected from the stomach was of a green or yellowish tinge; bowels inactive; pulse 125; temperature same as day before; the disgust for food is almost insurmountable; the desire for cold drinks most excessive. Thinking perhaps there would be spontaneous purging from the bowels, I turned my attention solely to the tranquilizing of the stomach. Ordered mustard poultice over epigastrium.

℞ Creasoti, gtt. v.
Aquæ rosar., ℥j.

Sig. To be given p. r. n., internally.

8th, 4 P. M. Fever still continues to rise and fall; she complains of pain in the stomach, of a burning character; vomiting constant; matter is muco-serous, of a greenish color; pulse 140, quick and small; temperature 102°; desire for cold water is irresistible; bowels constipated and a little painful on pressure; tongue heavily coated. Treatment consisted mainly in tranquilizing the stomach.

℞ Hyd. chlorid mitis, grs. ij.
Bismuthi subnitrat, grs. iij.
Morphiæ sulphat., grs. ss.

Sig. To be taken every three and a half hours. Also ice water internally and warm applications to the epigastrium.

9th, 7 A. M. Case assuming an alarming aspect; patient's countenance wearing an expression of indescribable anxiety; vomiting incessant; some blood ejected; hiccough was observed through the night; the sensation of debility is extreme; fever not of an active type; breathing very rapid; pulse 150; at times the patient would be threatened with death from asthenia; bowels moved twice during the night.

℞. Assafœtidæ,
Camphoræ,
Ammoniæ muriat., āā. grs. iv.

Sig. To be taken every four hours; also cloths rung out of hot water applied to the thorax. For controlling the action of the heart, tinct. digitalis, ten drops every three hours. Still continued the ice water for the stomach.

10th, 6 A. M. Patient rested better; symptoms of a more favorable character; the tongue a little more moist; vomiting not so frequent; complained still of the burning in her stomach with very great epigastric pain and tenderness at the pit of the stomach; bowels moved once in twenty-four hours; expression much the same, with the exception of it not being quite so anxious; pulse 135; temperature 100°; breathing not so hurried. Treatment same as on the previous day, with increased doses of tinct. digitalis.

From the tenth to the twenty-fifth patient convalesced gradually. There yet remain, however, pain and soreness at the epigastrium.

Scotland, Indiana. M. BEATY, M. D.

Pneumatic Obstetrics.

ED. MED. AND SURG. REPORTER:—

I read an article in No. 25, December 19th, 1874, entitled, "Atmospheric Pressure in Obstetrics." May I be allowed to suggest an improvement? If so, I will premise by stating that my first experiment in pneumatics was conducted during the period of childhood, and consisted in the use and application of a simple instrument, composed of a circular piece of sole leather of about three or four inches in diameter, pierced in the centre, to allow of the passage of a stout cord with a knot on the end. The mode of application was, to soak the leather in the water of the street gutter, and then, with the foot, press it down upon a loose brick in the pavement, to which it would adhere with a tenacity equal to one thousand pounds to the square inch. [With some allowance for miscalculation].

Now I would suggest the application of this simple instrument, in labor, instead of the complicated apparatus described in No. 25. *Directions:*—Soak the leather in tepid water; apply it to the head or presenting part of the child; give the string into the hands of the female attendants, who may be counted on to the number of five or six of the patient's neighbors; and who, after having spent the allotted time in gossip, and in officiously advising catnip tea, etc., attempting to push the patient's spinal column out through her abdomen; dislocating her shoulders, and pushing her knees up under her chin, I say, to them give the cord, open a door and start the traction in that direction. If the child should come with a jerk, or the string break, and land your assistants outside of the room, shut the door and quietly abide your time, considering meanwhile the causes of failure in atmospheric obstetrics.

Hamilton, O. H. BEAUCHAMP, M. D.

[Joking apart, it was the observation of precisely that toy that suggested to Sir James Y. Simpson his pneumatic method of delivery.—ED. REPORTER].

Chloroform in Congestive Chills.

ED. MED. AND SURG. REPORTER:—

I have been in the habit of using chloroform in the cold stage of congestive chills, and also ordinary intermittents, for several years past, and have never found anything that would bring on reaction more speedily. The following case, which I transcribe from my case-book, will show its effects.

On the 5th of July, 1874, I was called in haste to see Patrick O'Connor. The messenger informed me that he was laboring under his third sinking chill. On my arrival I found my patient pulseless at the wrist; feet and legs cold; constant nausea and vomiting; had had two attacks of syncope; in short, I supposed my patient would never react. Synapisms were applied to the stomach and epigastric region, and the extremities rubbed with liquid ammonia. Hot baths could not be used, owing to syncope coming on immediately on attempting to raise him up. I immediately put him on six drop doses of chloroform in sweetened water, to be repeated every fifteen minutes. After taking the second dose he was much better; pulse returning at the wrist; nausea and vomiting entirely stopped. In one hour from this time reaction was entirely established; the fever soon passed off, and after the free use of quinine, he had no return of the chills.

Remarks. As I before said, I have been in the habit of using this remedy for several years past. The first case was a negro boy, who was laboring under his second chill. He had obstinate vomiting; the whole array of remedies was brought to bear in this case, but to no purpose. Chloroform was substituted, and in a comparatively short time reaction was fully established.

It appears to fulfill the following indications: 1. It allays nausea and vomiting. 2. It allays the pain in the stomach. 3. It equalizes the circulation. 4. Reaction is never excessive after its use. I have used chloroform in the hot stages of intermittent, and with the happiest results. It appears to allay nervous excitement, and by so doing quiets the heart's action. I have also used it in the treatment of pneumonia, in from five to ten drop doses every two hours. It allays the cough and all nervous excitement, and appears to cool down the fever.

Philadelphia. RUFUS K. HINTON, M. D.

News and Miscellany.

Philadelphia County Medical Society.

The next Conversational Meeting will be held Wednesday, Jan. 27th, 1875, at 8 o'clock P. M., at the Hall of the College of Physicians. Dr. Cheston Morris will read a paper on "The Use of Alcohol in the Treatment of Disease." The medical profession in Philadelphia are cordially invited.

Little Rock and Pulaski Co. Medical Society.

This Society met at Little Rock, Arkansas, December 9th, and elected the following officers for the ensuing year, viz:—President, Dr. J. A. Dibrell, Jr.; Vice-President, Dr. Thomas Smith; Recording Secretary, Dr. S. D. Dodge; Corresponding Secretary, Dr. P. Van Patten; Treasurer, Dr. Wm. Thompson; Librarian, Dr. Jacob Deutsch.

Wabash Medical Society.

A number of physicians of the Wabash Valley met at Vincennes, Indiana, and organized a Society with the above title. The following officers were elected to serve until June:—President, Dr. W. W. Hitt; Vice President, Dr. A. Patton; Secretary, Dr. H. M. Smith; Assistant Secretary, Dr. A. J. Thomas; Treasurer, Dr. J. R. Mantle; Librarian, Dr. F. W. Beard.

The Social Science Association.

This Society met in this city, January 12th, to listen to a paper on "Brain Disease and Modern Living," read by Dr. Isaac Ray. The speaker attributed many of the cerebral diseases of the present day to the use of alcoholic liquors. He declared that it should not be supposed that because brain diseases do not appear immediately in hard drinkers, that they are not present. It may take two or three generations for them to develop themselves, but they will almost certainly appear. The excesses of other kinds requiring excessive brain work were also spoken of, their pernicious influences shown, and suggestions for their remedy made.

Items.

—The mortality in Providence, R. I., in 1874, was one in 50.92 of the population.

—According to Mr. Sharples, the chemist, New England rum is one of the purest liquors that can be obtained.

—Drs. Chase and Clapp, of Boston, have been expelled from the Massachusetts Medical Society, for practicing homœopathy.

—Sixteen cases of trichina, from eating diseased pork, are reported at Kankakee, Ill. Two of the victims have died, and several others are dangerously ill.

Trichinæ have also been reported for the first time in Russia, near Moscow.

—Scarlatina still continues with great severity in Providence, R. I. The total mortality from scarlatina during the year 1874 was 268, a greater number than ever before in any one year in Providence.

—A deputy constable appointed to look into the condition of the factory children of Massachusetts has made a report to the Governor. He says there are 60,000 children in that State growing up in ignorance, in consequence of their employment at too early an age, and too exclusively, in factories. This is a disgrace to civilization.

—London hospitals and charitable institutions have been for some years in the frequent receipt of anonymous gifts of one thousand pounds. It now turns out that they came from Mr. Altwood, of Chester, a rich old bachelor, recently deceased. He has given away in this manner about one and three-quarters millions of dollars.

OBITUARY.

DR. JOSEPH CROSBY

Died at Manchester, Vt., Jan. 7, 1874, of paralysis. He was born Feb. 1st, 1794; he graduated at the Academy in Fryeburg, Me., and subsequently studied medicine with his father and with Prof. Nathan Smith, of Dartmouth College, and graduated at the Dartmouth Medical School in 1816. He practiced his profession for a short time in Deerfield, and subsequently in Epsom, Concord and Lowell. From Lowell he went to Meredith Bridge, now Laconia, and remained there about twelve years; he came thence to Manchester in 1844, and has remained there from that time till his death.

Dr. Crosby married Miss Olive L. Avery, of Meredith Bridge, in 1829, being in practice at that time in Lowell, Mass.

Dr. Crosby was a member and at one time President of the New Hampshire Medical Society; in 1858 he was Vice President of the American National Medical Association; and was an honorary member of the Massachusetts Medical Society; he was a member of the State Constitutional Convention in 1850, and was for two years in the Legislature of the State. He has from time to time been the author of valuable papers and contributions to medical publications. The profession is indebted to him for the invention of the adhesive straps, now in general use, for maintaining extension, and preventing the shortening of limbs in case of fracture; he was also the inventor of an invalid's bed, which is considered one of the best in use. The family to which the Doctor belonged has given many prominent physicians to the world.

MARRIAGES.

BEARDSLEY — ALLING.—On Thursday evening, December 24th, 1874, at the residence of the bride's parents, Birmingham, Ct., by the Rev. Mr. Pullman, George L. Beardsley, A.M. M.D., of New Haven, Ct., and Louise M. Alling, daughter of A. N. Alling, Esq.

DAVIE—HILLMAN.—On Tuesday evening, December 8th, 1874, by Rev. E. Y. Van Hoose, Judson Davie, M.D., of Spring Hill, Ala., and Miss Annie T. Hillman, of Glennville, Ala.